

(845) 357-6100



Camper's Name: _____

Camper Health History & Information

(MUST be completely filled out to register)

All information is confidential and remains with the camp office. Please complete all questions in necessary detail for your child's welfare and enjoyment. **Remember to sign at bottom-** a doctor's physical is not required.

Address: _____ Home Phone: _____

School **in Fall**: _____ Grade **in Fall**: _____ Age: _____ Date of Birth: ____ / ____ / ____ M or F

Mother/Guardian Name: _____ Work/Beeper/Cell# _____

Father/Guardian Name: _____ Work/Beeper/Cell# _____

If the child's primary language is other than English, please list: _____

Emergency/Pick-up Information:

Please list additional contacts, must be 18 or over, that could be called during camp hours in the case of emergency, if you cannot be reached. The individuals listed below are the only individuals authorized to pick-up your child in addition to the Parent/Guardians listed. We will not release your child to anyone that is not listed without written permission.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____

Please list any allergies (bee stings, foods, medications, etc.) _____

Are any medications or precautions necessary for the allergy? _____

Is your child required to take medication or use an inhaler during camp hours? ☐ Yes ☐ No If yes, please list: _____

Medical Comments-limitations for camp activities (i.e. physical, visual, auditory, etc): _____

Immunization Record- Required by N.Y.S. Fill in dates- No attachments

MMR Vaccine- Mumps, Measles, Rubella (2 doses): 1- _____ 2- _____

Oral Polio (3 dose): 1- _____ 2- _____ 3- _____

Diphtheria/Tetanus (4 doses): 1- _____ 2- _____ 3- _____ 4- _____

** Please remember all dates must be hand written in appropriate spots, all spaces MUST be filled. Applications with attachments will be returned and not registered.*

Emergency Authorization:

To the best of my knowledge, the information listed on this form is true and correct. In the event that I cannot be reached and an emergency occurs, I hereby give permission to the physician selected by the Camp Director to hospitalize and secure treatment.

Parent/Guardian Signature (required)

Date